

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3382 63-024340

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3382
of parents

FILED JUL 5 1963

1. PLACE OF DEATH

a. COUNTY **Jacks on**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Kansas City**Length of stay in 1b
3 hrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Mary's Hospital**Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.**b. COUNTY **Cass**c. CITY OR TOWN **Belton**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
202 Spring St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First **JOHN**Middle **EDWARD**Last **GRAHAM**

4. DATE OF DEATH

Month **June** Day **14** Year **1963**5. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
6/14/19639. AGE (last birthday)
3 hrs.IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Kansas City, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Charles Graham

13b. MOTHER'S MAIDEN NAME

Phillis Byrd

14. NAME OF HUSBAND OR WIFE

**202 Spring St.
Belton, Mo**15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, or unknown) (If yes, give war or dates of)

NO.

17. INFORMANT
Charles Graham

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ANOXIA

INTERVAL BETWEEN ONSET AND DEATH

2 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

IMMATURITY**2 hrs**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour **10** a.m. Month, Day, Year **6-14-63**20d. INJURY OCCURRED WHILE AT WORK ☒
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **6-14-63** to **6-14-63** and last saw him alive on **6-14-63**
Death occurred at **5:30** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Elmer S. Stegman M.D.

22b. ADDRESS

Raytown Mo

22c. DATE SIGNED

6-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Belton, Mo.**Removal & Burial****June 16, 1963****Belton Cemetery**

24. FUNERAL DIRECTOR

E. K. George & Sons

ADDRESS

Belton, Mo

25. DATE RECD. BY LOCAL REG

6-16-63

26. REGISTRAR'S SIGNATURE

Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Elmer S. Stegman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard E. Lenge

Licensed Embalmer No. 3958

P. O. Address Belt, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.